



Home & Dwelling FastAPP Worksheet - Quote

Fillable PDF Form

The Colonial Group
800-628-3762
Email Replies to
info@thecolonialgroup.com

Sub Producer Code

Sub Producer		Sub Producer Phone:	
Sub Producer Contact:		Sub Producer Email Address:	
QUOTE INFORMATION			
Applicant:		SSN:	DOB:
Co-Applicant:		SSN:	DOB:
Location Address:			Lot #
Location Zip Code:	City:	State:	County:
Home Value:	Year Built:	Square Feet:	
Plumbing:	Wiring:	Heating:	Roof:
# Family:	Protection Class:	Stories:	Home Construction:
Home Use:	Construction Quality Class:	<input type="checkbox"/> Supporting Business Credit?	<input type="checkbox"/> Exclude Wind?
Purchase Date	Purchase Price:	Miles from Fire Department:	Inside or Outside City Limits:
Roof Type:	When was Roof Last Replaced?		
Check All That Apply:	<input type="checkbox"/> Applicant was previously uninsured for any period of time <input type="checkbox"/> Cancelled or Non-Renewed for Cause w/in last 3yrs <input type="checkbox"/> Lapse in coverage over 30 days		
Coverages:	Coverage A:	Other Structures:	Deductible:
	Liability Limits:		Med Pay:
UNDERWRITING QUESTIONS: Check All That Apply			
CLAIMS HISTORY			
<input type="checkbox"/>	Claim(s) in the last 3 years totaling more than \$7,500?	<input type="checkbox"/>	Fire vandalism, malicious mishap, burglary or liability claims or more than 1 minor claim in the last 3 years?
<input type="checkbox"/>	Total loss or more than 2 partial losses?	<input type="checkbox"/>	Weather related losses under \$2,500 <input type="checkbox"/> Over \$2,500
<input type="checkbox"/>	Water Losses under \$2,500 <input type="checkbox"/> Over \$2,500	<input type="checkbox"/>	Any Liability Losses? <input type="checkbox"/> All other Losses?
<input type="checkbox"/>	Fire, Theft, Liability or 2 Minor Claims within the Last 3 Years?		
DEROGATORY CREDIT			
<input type="checkbox"/>	Mortgage Payment is Past Due / <input type="checkbox"/> Credit-Public Records? Bankruptcy, Repossession or Foreclosure in last 3 years: <input type="checkbox"/> NOT due to medical <input type="checkbox"/> Due to medical		
<input type="checkbox"/>	Bankruptcy in last five years with reestablished credit? / <input type="checkbox"/> \$10,000 Past Due on loans?		
<input type="checkbox"/>	Collections over \$1,000 past due on loans? / <input type="checkbox"/> Tax lien(s) over \$5,000? / <input type="checkbox"/> Other adverse credit? (Slow pay)		
<input type="checkbox"/>	Unemployed, unless retired or permanently disabled? / <input type="checkbox"/> Individual as lien or Lease Purchase Agreement?		
<input type="checkbox"/>	More than 2 liens? / <input type="checkbox"/> Multiple Past Due Account, collection liens in the last three years?		
LIABILITY HAZARDS			
<input type="checkbox"/>	Unusual Liability Exposure? <input type="checkbox"/> Horses, Livestock or Exotic Animals? <input type="checkbox"/> More than 2 <input type="checkbox"/> Less than 2		
<input type="checkbox"/>	Vicious Dogs or Animals? <input type="checkbox"/> All Terrain Vehicle? <input type="checkbox"/> Steps or Porches without handrails? <input type="checkbox"/> Business <input type="checkbox"/> Farming <input type="checkbox"/> Room/Boarding on Premises?		
<input type="checkbox"/>	In name of Corporation or Multiple? <input type="checkbox"/> Greenhouse made of glass, Boathouses, cloth awnings or piers <input type="checkbox"/> Near Commercial Property?		
<input type="checkbox"/>	Permanently Installed Space Heater? <input type="checkbox"/> Swimming pool <input type="checkbox"/> Fenced, <input type="checkbox"/> Unfenced w/Diving Board? <input type="checkbox"/> Trampoline <input type="checkbox"/> Fenced <input type="checkbox"/> Unfenced		
PROPERTY CHARACTERISTICS			
<input type="checkbox"/>	Protective Devices? <input type="checkbox"/> Log Construction? <input type="checkbox"/> Open Foundation? <input type="checkbox"/> Un-repaired damage? <input type="checkbox"/> Discarded appliances, junk cars or other debris?		
<input type="checkbox"/>	Overgrown grass or shrubs <input type="checkbox"/> Trees over 20 feet tall within striking distance of any building? Heating System <input type="checkbox"/> Thermostatically controlled?		
<input type="checkbox"/>	Non-thermostatically controlled or kerosene heated? <input type="checkbox"/> Isolated and not accessible from a public roadway? <input type="checkbox"/> Other buildings within 10 feet of dwelling? <input type="checkbox"/> Smoke Alarms, Fire Extinguisher(s), and Deadbolt Locks? / <input type="checkbox"/> Fuse Box? <input type="checkbox"/> Hurricane/Tornado/Natural Disaster warning in effect? <input type="checkbox"/> Supplemental Heat: Woodstove <input type="checkbox"/> primary <input type="checkbox"/> not primary		

FAIR CREDIT REPORTING ACT: Pursuant to requirements of the Fair Credit Reporting Act, you are hereby advised that in connection with your application for Insurance, an investigative consumer report, including information as to character, general reputation, personal characteristics, mode of living, may be made. You are entitled upon submission of a written request to be furnished with a complete disclosure of the nature and scope of any such report. **MISREPRESENTATION OF FACTS:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits:

X _____ X _____
Applicant **Date** **Producer** **Date**